

# **APPLICATION FOR TEMPORARY PERMIT PLANT OPERATORS AND DELIVERY TECHNICIANS**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **PROPANE AND NATURAL GAS BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8606  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS**

## **Temporary Permit – Plant Operators and Delivery Technicians**

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- Permit application and payment for \$55.00 (Make check payable to: Treasurer State of Maine
  - \$20.00 Permit Fee
  - \$20.00 Application Fee
  - \$15.00 Criminal Background Check Fee

Incomplete applications will be returned.

**PLEASE NOTE:** AN APPLICANT FOR A TEMPORARY PERMIT MUST REGISTER WITH THE BOARD WITHIN 90 DAYS OF HIRE AND BECOME LICENSED WITHIN ONE YEAR OF HIRE.

**CRIMINAL BACKGROUND CHECK** - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

# TEMPORARY PERMIT FOR PLANT OPERATORS AND DELIVERY TECHNICIANS

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**PROPANE AND NATURAL GAS BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8606 FAX: (207)624-8636  
HEARING IMPAIRED: 1-88-577-6690

Office Use Only

Cash #: \_\_\_\_\_

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**4510-1446 \$ 20.00**

**4510-1423 \$ 20.00**

**4510-2619 \$15.00**

**APPLICATION FEE: \$20.00 (non-refundable)**  
**PERMIT FEE: \$20.00**  
**CRIMINAL BACKGROUND CHECK FEE: \$15.00**  
**TOTAL DUE: \$55.00**

**PAYMENT OPTIONS:** ☐ Check or Money Order Payable to "Treasurer State of Maine".  
☐ Credit Card: MasterCard or VISA Only. Complete the following:  
I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
in the amount of \$55.00. Signature: \_\_\_\_\_

**NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.** This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
County:	Home Telephone: (____)____-____	
	Work Telephone: (____)____-____	
Social Security Number:		
Date of Birth: ____/____/____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

--OVER--

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### AFFIDAVIT

I hereby certify that \_\_\_\_\_ has received job function training  
(Name of Applicant)

specific to: ☐ Bulk Plant Operators  
☐ Delivery Technicians.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Owner/Operator Name Typed or Printed

\_\_\_\_\_  
Company Name